

Work Order ID 59278

Friday, May 28, 2010 2:20:04 PM



Page 1

Item ID: D212-664-201

Accept



Setup Start



Revision ID:

Stop



Item Name: Crosstube Aft

Start Date: 5/28/2010 Start Qty: 1.00



Cust Item ID:

Required Date: 6/4/2010 Req'd Qty: 1.00



Customer:

Reference:

Approvals:

Process Plan: HDate: 05-28

Tooling:

Date:

Run Start



QC:

Date:

SPC (Y/N):

Date:

Stop

Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

Draw Nbr

Revision Nbr

D212-664-241

Rev D

100

0.00



DOCUMENT CONTROL

DC

Memo

0.00

Document Control

Photocopy bluefile and create labels as per PPP D212-664-201 CHG003

S 0606124

110

0.00



Pick Kit

Packaging

Packaging

Memo

0.00

Packaging

(IX)

X

MB 10-06-15

120

0.00



BENDING MACHINE - CROSSTUBES

CNC Bend 2

Memo

0.00

CNC Alpha 160 Bender

Bend tube as per Dwg D212-664-241 using CNC bender program 212-
aft

(IX)

X

10-06-15

W/O:		WORK ORDER CHANGES						
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector	

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

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Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop

Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

130

QC15- Crosstube Dimensional Check

0.00



QC

Memo

0.00

Quality Control

140

Crosstubes

0.00



Crosstubes

Memo

0.00

Crosstubes

1-Drill pilot holes in tube as per Dwg D212-664-241 using drill Jig DT8550, DT8551, drill table DT8577 and locate tower holes #8 as per QSI0010.

2-Ream hole to finish size in tube as per Dwg D212-664-241 using drill Jig DT8550 & DT8551. Check dimensions between holes, both sides on both cuffs, to ensure alignment with saddle holes.

3-Scribe part # and batch # using vibrating stylus as per Dwg D212-664-241

4-Deburr & Inspect for surface damage. Repair damage within limits as per Dwg D212-664-241

MB
R-06-16

AWM

10-06-16

W/O:		WORK ORDER CHANGES						
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector	

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

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Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start



QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop

Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

150

Crosstubes Chemical Conversion

0.00



HandFXtube

Memo

0.00

Hand Finishing Crosstubes

Chemical Conversion Coat as within 24 hours of bending and drilling

1 - - - - - AWM
8-2-06-16

160

QC3- Inspect Part Finish

0.00



QC

Memo

0.00

Quality Control

8/10/06/16

170

QC5- Inspect part completeness to step on W/O

0.00



QC

Memo

0.00

Quality Control

8/10/06/16

⑩ - - - - -

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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Stop



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Start Date: 5/28/2010 Start Qty: 1.00



Cust Item ID:

Required Date: 6/4/2010 Req'd Qty: 1.00



Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start



QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop



Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
180 Outsource2 Outsource process - NDT	Outsource process - NDT per QSI038 4.1 Memo Liquid Penetrant Inspection as per QSI 038 Issue P/O: <u>12121</u> LPI as per ASTM 1417 Level 2 Attach copy of NDT results to work order	0.00 0.00							<u>CZ</u> <u>10/6/12</u> <u>①</u>
190 Packaging Packaging	Receive & Inspect for Damage & Mat'l Certs Packaging Memo Ensure copy of NDT results attached to work order.	0.00 0.00							<u>Purple/ix</u> <u>①</u>
200 QC Quality Control	QC5- Inspect part completeness to step on W/O Memo Inspect for damage & ensure results are as per Dwg D212-664-241	0.00 0.00							<u>mm</u> <u>10</u> <u>03</u> <u>21</u> <u>①</u>

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

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Stop



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Cust Item ID:

Required Date: 6/4/2010 Req'd Qty: 1.00



Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start



QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop

Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

210



SprayPaint

Spray Painting

Spray Painting per QSI005 4.2
SprayPaint

0.00

Memo

0.00

1-Prime inside and outside crosstube as per QSI 005 4.2
2-Paint outside crosstube with White Imron as per QSI 005 4.2PRIME:
Start Time: 9:30
Fininish Time: 10:30PAINT:
Start Time: 3:00
Finish Time: 3:30ml 10 06 21 (1)

220



QC

Quality Control

QC14- Inspect Spray Paint

0.00

Memo

0.00

Then, Wrap in plastic bag to protect from scratches

21 10 06 22

W/O:		WORK ORDER CHANGES						
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector	

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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Item ID: D212-664-201

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Setup Start



Revision ID:

Stop



Item Name: Crosstube Aft

Start Date: 5/28/2010 Start Qty: 1.00



Cust Item ID:

Required Date: 6/4/2010 Req'd Qty: 1.00



Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start



Stop

Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

230

0.00



Crosstubes

Crosstubes

Memo

0.00

1- Lightly scuff the bonded area using a 320 grit sand paper and clean the area with 41058 wash 'n' wipe

2-Install supports with magnobond as per QSI 015 Adhere for for 12 Hrs

A/R 6398 Magnobond Batch: 114021
Expiry Date: 01/20113-Install clamps as per Dwg D212-664-241. Torque clamps to 80-100 in lb. W 10-06-23MA 10 06 22 (1)

240

QC5- Inspect part completeness to step on W/O

0.00



QC

Memo

0.00

Quality Control

S 10/06/23(70)

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
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NOTE: Date & initial all entries

Work Order ID 59278

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Item ID: D212-664-201

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Stop



Item Name: Crosstube Aft

Start Date: 5/28/2010 Start Qty: 1.00



Cust Item ID:

Required Date: 6/4/2010 Req'd Qty: 1.00



Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start



QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop

Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

250

Pick Kit

0.00



Packaging

Memo

0.00

Packaging

Per 6/29 *(Signature)*

260

QC4- 100% Inspect kits for completeness

0.00



QC

Memo

0.00

Quality Control

*Sub 6/24**(Signature)*

270

Packaging

0.00



Packaging

Memo

0.00

Packaging

Identify and pack for shipping as per PPP D212-664-201

*NEV**Per 6/29* *(Signature)*

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

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Work Order ID 59278

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Item Name: Crosstube Aft

Start Date: 5/28/2010 Start Qty: 1.00



Cust Item ID:

Required Date: 6/4/2010 Req'd Qty: 1.00



Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start



QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop

Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

280

QC21- Final Inspection - Work Order Release

0.00



QC

Memo

0.00

Quality Control

10/06/28 J

C210/0125

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
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NOTE: Date & initial all entries

Picklist Print

Friday, May 28, 2010 2:20:09 PM

Page 1

Work Order ID: 59278

Parent Item: D212-664-201

Parent Item Name: Crosstube Aft

Comments: IPP Rev:E ☐ 04.02.16 ☐ Reformat ☐ K/DS
IPP Rev:F 06-03-29 Remove Coments on Pick List JLM
IPP Rev:G 07-04-30 As per Rev C JLM
IPP Rev:H 08-05-22 up date Qty of rubber cushion DD verified by:EC

Start Date: 5/28/2010

Required Date: 6/4/2010

Start Qty: 1.00

Required Qty: 1.00

D212-664-201TRN

Manufactured No

110 Each

4.0000

1

1



MB 10-06-15

Crosstube Turning Detail

Location

Loc Qty

Loc Code

LG

4

58381

1

58383

1

58485

1

58486

1

D3595-063-530

Manufactured No

230 Each

96.0000

2

2



RUBBER CUSHION

Location

Loc Qty

Loc Code

FP

96

50030

20

51776

76

D2940-1

Manufactured No

230 Each

45.0000

2

2



Support

Location

Loc Qty

Loc Code

LG

45

45203

1

47748

16

52752

8

57338

20

MB 10 06 22

MB 10.06.22

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Picklist Print

Friday, May 28, 2010 2:20:09 PM

Page 2

Work Order ID: 59278

Parent Item: D212-664-201

Parent Item Name: Crosstube Aft

Comments: IPP Rev:E 04.02.16 Reformat K/DS
IPP Rev:F 06-03-29 Remove Comments on Pick List JLM
IPP Rev:G 07-04-30 As per Rev C JLM
IPP Rev:H 08-05-22 up date Qty of rubber cushion DD verified by:EC

Start Date: 5/28/2010

Required Date: 6/4/2010

Start Qty: 1.00

Required Qty: 1.00

MS21920-28

Purchased No

230

Each

147.0000

4

4



Clamp(per MIL-DTL-8783C)

Location

Loc Qty

Loc Code

FG

5

105884

5

LG

142

112863

42

114749

100

D3428-1

Manufactured No

250

Each

8.0000

1

1



Placard

Location

Loc Qty

Loc Code

ST056

8

58754

8

MS21042L6

Purchased No

250

Each

327.0000

6

6



Nut

Location

Loc Qty

Loc Code

ST300

327

111578

127

114495

200

AN060JD616

NAS1149D0663J Purchased

No

250

Each

0.0000

18

18



Washer

10.06.22

58754
6

111578

M 114988 Pick/p4 @

Friday, May 28, 2010 2:20:09 PM

Shop Packet Print

Page 2

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

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Parent Item Name: Crosstube Aft

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Comments: IPP Rev:E 04.02.16 Reformat K/DS
IPP Rev:F 06-03-29 Remove Coments on Pick List JLM
IPP Rev:G 07-04-30 As per Rev C JLM
IPP Rev:H 08-05-22 up date Qty of rubber cushion DD verified by:EC

Start Qty: 1.00

Required Qty: 1.00

AN6-40A

Purchased

No

250

Each

91.0000

4

4

Bolt

Location

Loc Qty

Loc Code

ST343

91

112828

41

114283

50

AN6-41A

Purchased

No

250

Each

64.0000

2

2

Bolt

Location

Loc Qty

Loc Code

ST344

64

112805

14

113288

50

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

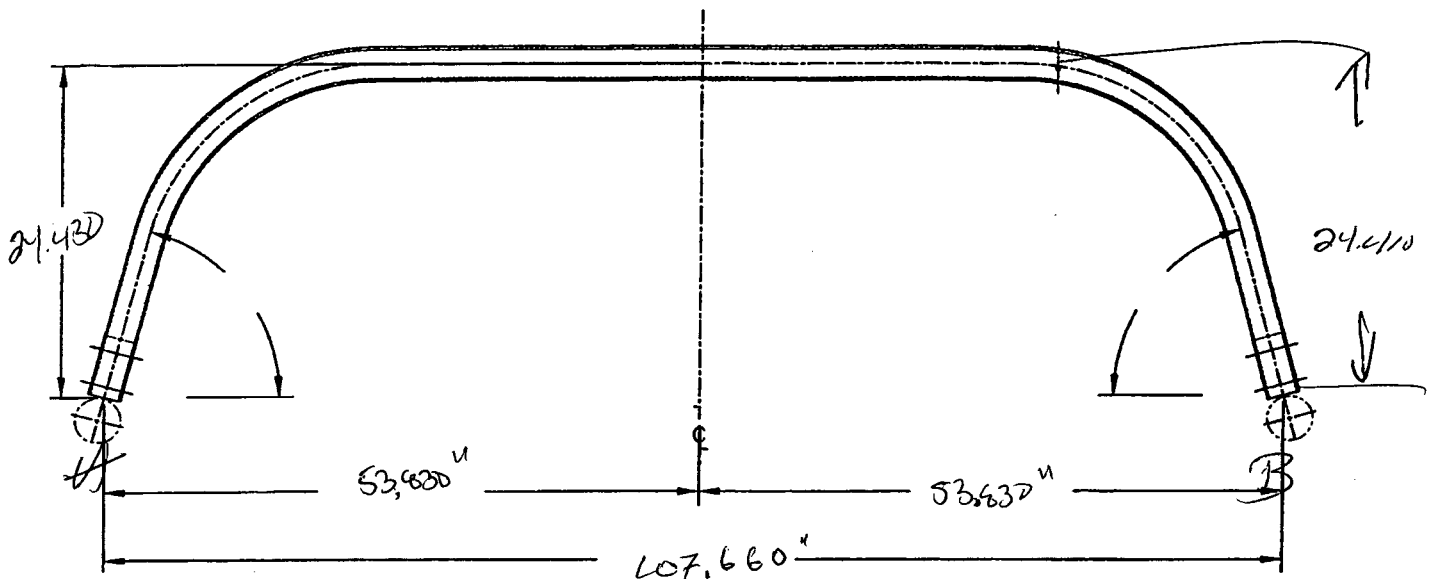
Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

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NOTE: Date & initial all entries

DART AEROSPACE LTD		Work Order:	59278
Description: Crosstube High Aft (205/212)		Part Number:	D212-664-201
Inspection Dwg: D212-664-241 Rev: D		Page 1 of 1	

Required Dimension	Min	Max
Height	24.17	24.43
1/2 Span	53.59	53.85
Angle	49	52
Total Span	107.18	107.70



Comments

QC15 Inspection	S
Date	10/66/15

Rev	Date	Change	Revised by	Approved
A	07.02.06	New Issue	KJ/JM	
B	07.05.08	Dimensions updated per Dwg rev. C	KJ/JLM	
C	10.04.01	Dwg Rev updated	KJ	

W/O:			WORK ORDER CHANGES					
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NOTE: Date & initial all entries

Item	Qty -241	Qty -241B	Part Number	Description
1	X		D212-664-241	CROSSTUBE ASSEMBLY (205/212 HIGH AFT)
2		X	D212-664-241B	CROSSTUBE ASSEMBLY (214 HIGH AFT)
3	1	1	D6006-129	CROSSTUBE
4	2	2	D2940-1	SUPPORT
5	4	4	D3595-063-530	RUBBER CUSHION
6	4	4	MS21920-28	CLAMP (OR MS21920-30)
7	A/R	A/R	MAGNOBOND 6398	ROCKWELL SPECIFICATION RBO-120-023 ADHESIVE (TEXTRON/BELL SPEC. 299-947-100, TYPE II, CLASS 2 ADHESIVE)

GENERAL NOTES:

- 1) MATERIAL: MANUFACTURED FROM D6006-129
FINISHED LENGTH = 124.362±0.020
- 2) FINISH: CHEMICAL CONVERSION COAT PER DART QSI 005 4.1
PRIME INSIDE AND OUTSIDE PER DART QSI 005 4.2
PAINT OUTSIDE PER DART QSI 005 4.2
- 3) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED.
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED.
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX.
- 6) IDENTIFICATION: SCRIBE DART PART NUMBER "D212-664-XXX" AND BATCH NUMBER ON INSIDE OF CUFF USING VIBRATING STYLUS.
- 7) WEIGHT: D212-664-241 = 44.2 lbs (PER IIN-D212-664)
D212-664-241B = 44.2 lbs (PER IIN-D212-664)
- 8) PART IS SYMMETRIC ABOUT CENTERLINE.
- 9) RUN CUTTER OFF PART. BLEND OUT EDGE LONGITUDINALLY, TRANSITION SHOULD BE SMOOTH.
- 10) BEND PROGRESSIVELY WITH A MINIMUM OF 5 PASSES. MAXIMUM TUBE FLATTENING DUE TO BENDING IS 6% BASED ON O.D.
- 11) LIQUID PENETRANT INSPECT OUTSIDE SURFACE OF CROSSTUBE PER QSI 038.
- 12) INSTALL D2940-1 SUPPORT USING 0.03" TO 0.06" THICK LAYER OF MAGNOBOND 6398 TO THE SURFACE OF D2940-1 THAT WILL BE IN CONTACT WITH THE CROSSTUBE PER QSI 015. LET CURE FOR 12 HOURS AFTER INSTALLATION AND PRIOR TO PACKAGING.
- 13) INSTALL MS21920-28 CLAMPS (OR -30) WITH D3595-063-530 RUBBER CUSHIONS TO SECURE THE D2940-1 SUPPORT ON TOP SIDE OF THE CROSSTUBE. ENSURE CLAMPS ARE OPPOSITE OF CROSSTUBE SUPPORT.
- 14) EXTREME CARE MUST BE TAKEN TO PROTECT THE OUTSIDE SURFACE OF THE TUBE. THE OUTSIDE SURFACE MUST BE SMOOTH AND FREE FROM SURFACE DEFECTS SUCH AS SCRATCHES, NICKS, OR DENTS. DEFECTS UP TO 0.005" MAY BE BLENDED OUT LONGITUDINALLY. CIRCUMFERENTIAL GRIND MARKS ARE UNACCEPTABLE.
- 15) TORQUE CLAMPS 80 TO 100 IN-LB. ENSURE AT LEAST 1.5 THREADS SHOWING IN SAFETY AND THAT NUT HAS NOT BOTTOMED-OUT AFTER TORQUING.

SHOW
RET
ENC
UNCONT
SUBJECT
WITH
WAT
NO. 39275
P10-5-25

RELEASED
2009-10-29

D	REFORMAT/REVISE GENERAL NOTES/PART LIST; REORGANIZED VIEWS AND REFORMATTED DRAWING TO CURRENT STANDARDS; ADD -241B (ZN D4-2, B4-2); REMOVED REF & ADD TOLERANCES (ZN D8-3 & C4-3, C6-3 & A8-3); RELOCATED FLAG #6 PER PAR 08-046 (ZN A5-3); MOVED TURNING DETAIL & UPDATED TOLERANCE TO SHEET 4	RF	09.09.30
C	REMOVE -1009 ABRASION STRIP; ADD MAGNOBOND 6398, CUSHION, REVERSE CLAMPS	PH	07.03.08
B	ADD HOLES FOR COMPATABILITY WITH BHT/AA SKIDTUBES	PH	05.02.04
A	NEW ISSUE	PH	00.12.12
REV.	DESCRIPTION	BY	DATE
DESIGN	PH	DART AEROSPACE LTD	
DRAWN	RF	HAWKESBURY, ONTARIO, CANADA	
CHECKED	PH	DRAWING NO.	REV. D
MFG. APPR.	PH	D212-664-241	SHEET 1 OF 4
APPROVED	PH	TITLE	SCALE
DE APPR.	PH	CROSSTUBE ASSY (205/212 HI AFT)	NTS
DATE	09.09.30	COPYRIGHT © 2000 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.	

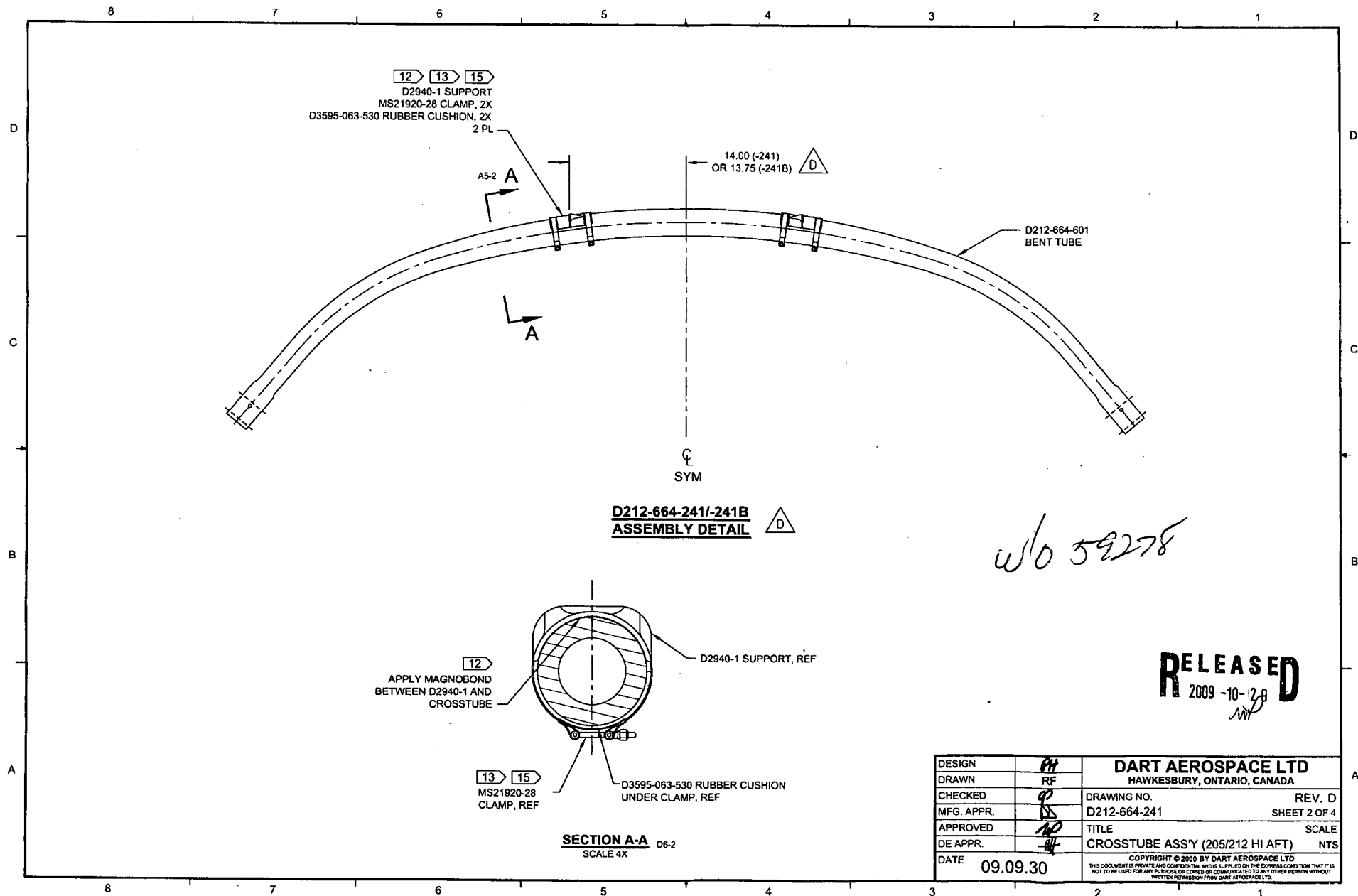
W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries



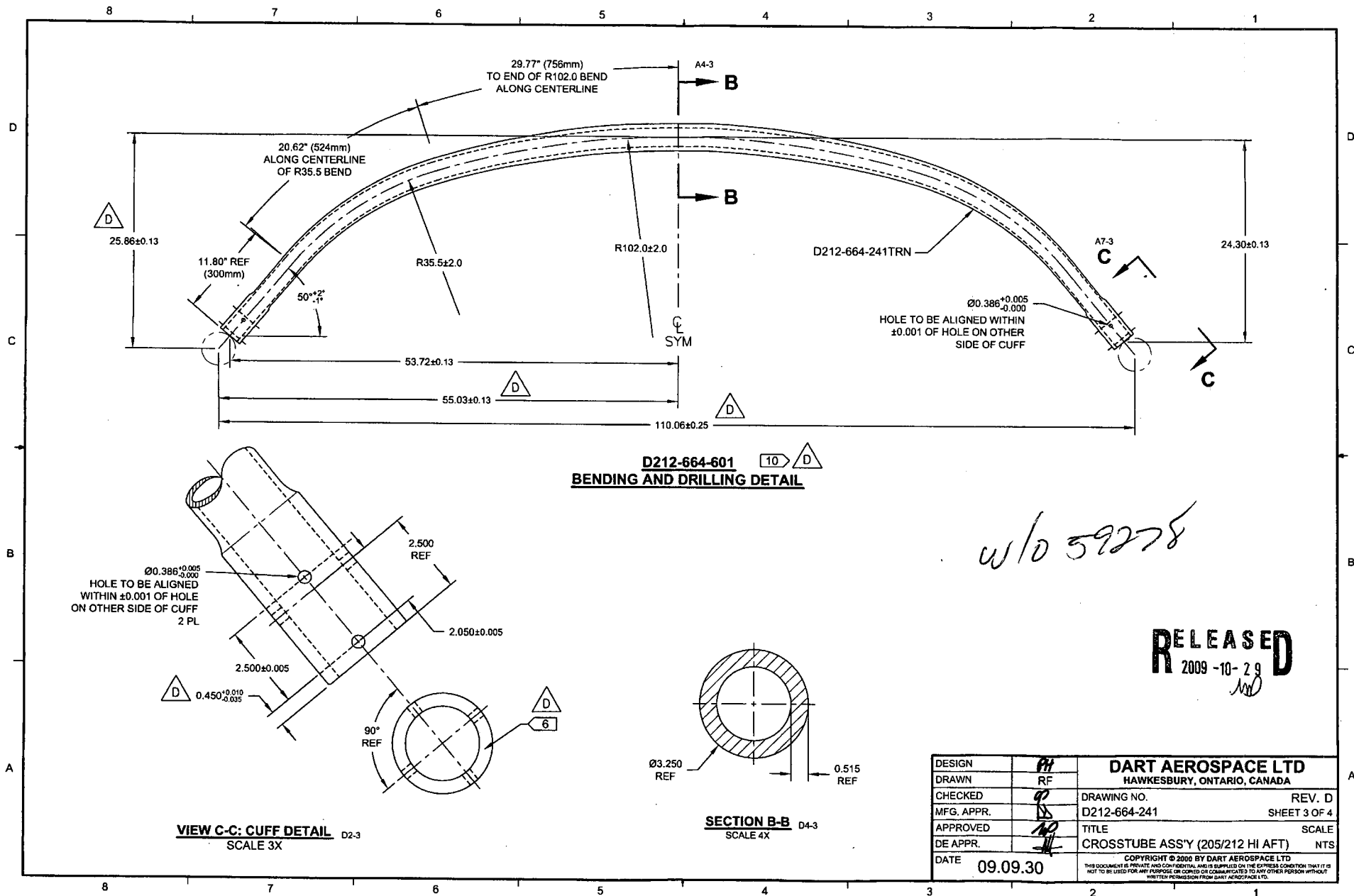
W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

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DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries



w/lo 59278

RELEASED
2009-10-29

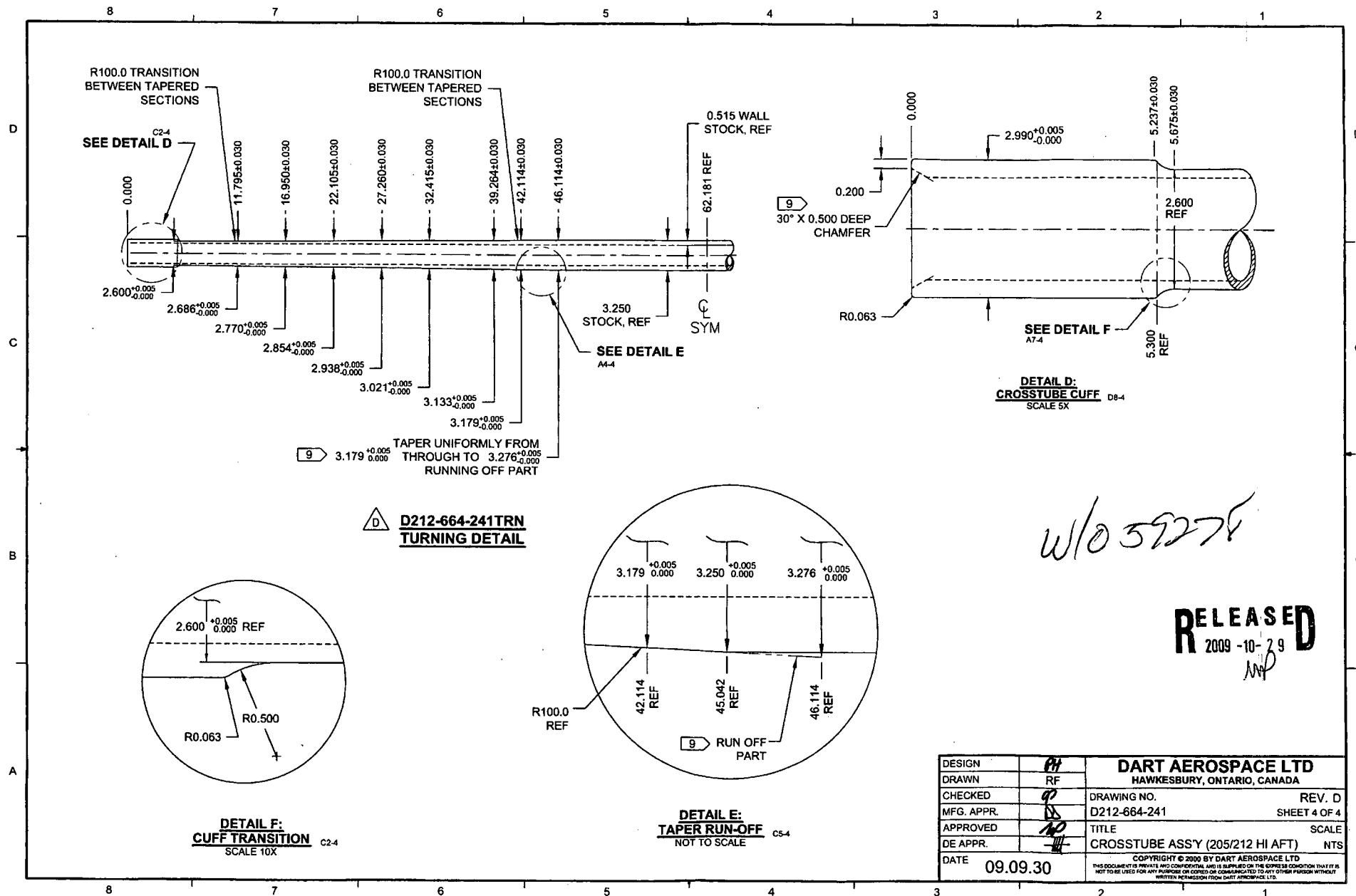
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			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries



LIQUID PENETRANT TEST REPORT

P- 15326

PAGE 1 OF 1

CLIENT DART Aerospace DATE JUNE 18-2010 TIME AM ☒ PM ☐
ATTENTION LINDA ACUREN JOB NO. 188-10-0769
ADDRESS 1270 ABERDEEN ST. POWO NO. 11211 -
HAWKESBURY ON. WORK LOCATION MAIN SHOP - HAWKESBURY
K6H 1R7 ACCEPTANCE STD. _____ REV./DATE _____
PROJECT F.P.I. on CROSS TUBES AND MACHINED PARTS
ITEM(S) EXAMINED 5 - CROSSTUBES.
57 - MACHINED PARTS

JOB DESCRIPTION _____ PROCEDURE NO. LT-0002 REV./DATE _____ TECHNIQUE NO. LT-TECH2 REV./DATE _____
PART NO. _____ MATERIAL ALUMINE ALUMINUM THICKNESS VARIOUS
SCOPE -WET FLUORESCENT LIQUID STAINLESS STEEL
PENETRANT INSPECTION CARRIED OUT 100% EXTERNAL

TEST DETAILS

METHOD	<input checked="" type="checkbox"/> FLUORESCENT	<input type="checkbox"/> VISIBLE	<input checked="" type="checkbox"/> WATER WASH	<input type="checkbox"/> SOLVENT REMOVABLE	<input type="checkbox"/> POST EMULSIFIED
FAMILY BRAND	<u>MAGNA FLUX</u>		BLACK LIGHT S/N <u>16459</u>	<input type="checkbox"/> OUTPUT > 1000 μ W/cm ²	<input type="checkbox"/> AMBIENT < 2 fc
PENETRANT	<u>2L 67</u>	MINIMUM DWELL TIME <u>45</u> MIN.	LIGHTING EQUIP. <input type="checkbox"/> FLASHLIGHT <input type="checkbox"/> TROUBLELIGHT	<input type="checkbox"/> OUTPUT > 100 fc @ SURFACE	
PENETRANT REMOVER	<u>170</u>	MINIMUM DRY TIME <u>>10</u> MIN.	OTHER <u>LABINO</u>		
DEVELOPER	<u>SKD 52</u>	MINIMUM DWELL TIME <u>10</u> MIN.	LIGHT METER S/N <u>1098866</u>	CAL DUE DATE <u>OCT-19-2010</u>	
DEVELOPER TYPE	<input checked="" type="checkbox"/> NON AQUEOUS	<input type="checkbox"/> AQUEOUS	<input type="checkbox"/> DRY		

TEST SURFACE

SURFACE CONDITION	<input type="checkbox"/> AS GROUND	<input type="checkbox"/> AS WELDED	<input checked="" type="checkbox"/> MACHINED	<input type="checkbox"/> SHOT BLASTED	<input checked="" type="checkbox"/> CLEAN BARE METAL
SURFACE TEMPERATURE	<input type="checkbox"/> < -4°C/ 20°F	<input type="checkbox"/> -4°C/ 20°F TO 10°C/50°F	<input checked="" type="checkbox"/> 10°C/50°F TO 52°C/125°F	<input type="checkbox"/> > 52°C/125°F	

RESULTS- (☐ METRIC ☐ IMPERIAL)

1 - W.O. 59047 - CROSS TUBE ✓
1 - W.O. 59026 - CROSS TUBE ✓
1 - W.O. 59027 - CROSS TUBE ✓
1 - W.O. 59278 - CROSS TUBE ✓
1 - W.O. 59279 - CROSS TUBE ✓
37 - W.O. 58631 - STUDS ✓
20 - W.O. 58634 - SLEEVE'S ✓

100621

Scope of Services

The agreement of Acuren Group Inc. to perform services extends only to those services provided for in writing. Under no circumstances shall such services extend beyond the performance of the requested services. It is expressly understood that all descriptions, comments and expressions of opinion reflect the opinions or observations of Acuren Group Inc. based on information and assumptions supplied by the owner/operator and are not intended nor can they be construed as representations or warranties. Acuren Group Inc. is not assuming any responsibilities of the owner/operator and the owner/operator retains complete responsibility for the engineering, manufacture, repair and use decisions as a result of the data or other information provided by Acuren Group Inc. In no event shall Acuren Group Inc.'s liability in respect of the services referred to herein exceed the amount paid for such services.

Standard of Care

In performing the services provided, Acuren Group Inc. uses the degree, care and skill ordinarily exercised under similar circumstances by others performing such services in the same or similar locality. No other warranty, expressed or implied, is made or intended by Acuren Group Inc.

SIGNATURES

CLIENT REPRESENTATIVE <u>JASON MURDOCH</u>	SIGNATURE <u>[Signature]</u>	DTR # <u>E27415</u>
TECHNICIAN (SIGNATURE): <u>[Signature]</u>	REPORT REVIEWED BY: _____	
NAME (PRINT): <u>MIKE SUTHERSTON</u>	NAME _____	INITIALS _____
1 ST TECHNICIAN	2 ND TECHNICIAN	
CGSB LEVEL <u>II</u> SNT LEVEL _____	CGSB LEVEL _____ SNT LEVEL _____	
CGSB REG. NO. <u>6606</u>	CGSB REG. NO. _____	